(87-6) 0361-OT9 TOTAL TOTAL TOTAL DEP. TOTAL DEP. JATOT IND. TOTAL IND. LĐ 9₽ ₹6 ÞÞ ΙÞ 0₽ ₹8 LLl Ī ħĹ ₽8 T.L Ţ <u> 19</u> LI gī ₹9 ħŢ Τī Ţ L ç ₽9 Ţ DEb. IND. DEb. IND. DEP. 'ONI DEP. IND. DEP. IND. DEP. 'ONI AFTER AFTER Snd AMENDMENT 1st AS FILED <u>cr∧ims</u> (FOR USE WITH FORM PTO-875) FEE CALCULATION SHEET APPLICANT(S) ------1 4 MULTIPLE DEPENDENT CLAIM FILING DATE SERINT NO.